

PCT INTERNATIONAL APPLICATION TRANSMITTAL LETTER

DATE
June 10, 1999REGARDING THE INTERNATIONAL APPLICATION OF
THE GLAD PRODUCTS COMPANY et al.DOCKET OR REFERENCE NUMBER
179025ENTITLED
CLOSURE DEVICE

Certification under 37 CFR 1.10 (if applicable)

EL190829723US
"Express Mail" mailing numberJune 10, 1999
Date of Deposit

I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Becky Williams

Typed or printed name of person making deposit

Becky Williams

Signature of person making deposit

To the United States Receiving Office (RO/US):

Accompanying this transmittal letter is the above-identified international application, including a completed Request Form (PCT/RO/101). Please process the application according to the provisions of the Patent Cooperation Treaty.

The following requests are made of the RO/US:

1. [x] PREPARATION AND TRANSMITTAL OF CERTIFIED COPY OF PRIORITY DOCUMENTS -

Please prepare and transmit to the International Bureau a certified copy of the United States origin priority documents identified in Box VI of the Request form (37 CFR 1.451).

To cover the cost of copy preparation and certification (37 CFR 1.19(a)(3) and (b)(1)),

[x] a (check)(money order) in the amount of \$2,425.00 is attached to this transmittal letter.

[] the RO/US is hereby authorized to charge the following deposit account no.: 12-1216.

The appropriate Search fee for the above-named Authority is indicated on the Fee Calculation Sheet (PCT/RO Annex).

2. [x] SUPPLEMENTAL SEARCH FEES (ONLY WHEN ISA/US CONDUCTS THE INTERNATIONAL SEARCH.) - Please charge any Supplemental Search fees that may be required by the United States International Searching Authority (ISA/US) to deposit account no.: 12-1216

I understand that this authorization is subject to my oral confirmation thereof in each instance and that it in no way limits my right to submit a protest against payment of the Supplemental Search fees, but is merely an administrative aid to assure that the ISA/US may timely complete the Search Report.

NOTE: SUPPLEMENTAL SEARCH FEES FOR ISA/EP ARE PAYABLE DIRECTLY TO THE EUROPEAN PATENT OFFICE

3. [x] DISCLOSURE INFORMATION - In order to assist in screening the accompanying International application for purposes of determining whether a license for foreign transmittal should and could be granted, the following information is supplied:

A. [x] There is no prior filed application relating to this invention.

B. [] There is a prior application*, serial number filed which contains subject matter that is

1. [] substantially identical to that of the accompanying International application.

2. [] less than that of the accompanying International application. The additional subject matter of the International application appears on page , lines

3. [] more than that of the accompanying International application.

4. [x] REQUEST FOR FOREIGN TRANSMITTAL LICENSE - According to the provisions of 35 U.S.C. 184 and 37 CFR 5.11, a license to transmit the accompanying International application to foreign agencies or international authorities is hereby requested.

*Priority is not claimed, unless all necessary information is listed in Box VI of the Request Form (PCT/RO/101).

SIGNER IS THE

APPLICANT

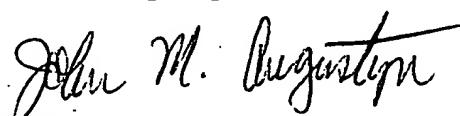
COMMON REPRESENTATIVE

(ATTORNEY)(AGENT)

REG. NO. 33,589

NAME OF SIGNER (typed)

John M. Augustyn



SIGNATURE

PCT
REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 179025**Box No. I TITLE OF INVENTION**

CLOSURE DEVICE

Box No. II APPLICANT

Name and Address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

THE GLAD PRODUCTS COMPANY
1221 Broadway
Oakland, California 94612

 This person is also inventor.Telephone No.
(510) 271-7000Facsimile No.
(510) 271-1652

Teleprinter No.

State (that is, country) of nationality:
USState (that is, country) of residence:
US

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and Address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SAVICKI, Alan F., Sr.
577 Beaconsfield Avenue
Naperville, Illinois 60565

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
USState (that is, country) of residence:
US

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of agent common representative the applicant(s) before the competent International Authorities as:

Name and Address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

AUGUSTYN, John M.
LEYDIG, VOIT & MAYER, LTD.
Two Prudential Plaza, Suite 4900
180 North Stetson
Chicago, Illinois 60601-6780
US

Telephone No.
(312) 616-5600Facsimile No.
(312) 616-5700

Teleprinter No.

 Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. V DESIGNATION STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on the dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AL Albania.....	<input checked="" type="checkbox"/> LS Lesotho
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> LT Lithuania.....
<input checked="" type="checkbox"/> AT Austria.....	<input checked="" type="checkbox"/> LU Luxembourg
<input checked="" type="checkbox"/> AU Australia.....	<input checked="" type="checkbox"/> LV Latvia.....
<input checked="" type="checkbox"/> AZ Azerbaijan.....	<input checked="" type="checkbox"/> MD Republic of Moldova.....
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> MG Madagascar.....
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> MK The Former Yugoslav Republic of Macedonia.....
<input checked="" type="checkbox"/> BG Bulgaria.....	<input checked="" type="checkbox"/> MN Mongolia
<input checked="" type="checkbox"/> BR Brazil.....	<input checked="" type="checkbox"/> MW Malawi.....
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> MX Mexico.....
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> NO Norway
<input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein.....	<input checked="" type="checkbox"/> NZ New Zealand.....
<input checked="" type="checkbox"/> CN China.....	<input checked="" type="checkbox"/> PL Poland.....
<input checked="" type="checkbox"/> CU Cuba.....	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> DE Germany.....	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> DK Denmark.....	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> SI Slovenia
<input checked="" type="checkbox"/> GB United Kingdom.....	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> GE Georgia.....	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> GH Ghana.....	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> GM Gambia.....	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> IS Iceland.....	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> YU Yugoslavia
<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> KG Kyrgyzstan	
<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	
<input checked="" type="checkbox"/> KR Republic of Korea	
<input checked="" type="checkbox"/> KZ Kazakhstan	
<input checked="" type="checkbox"/> LC Saint Lucia	
<input checked="" type="checkbox"/> LK Sri Lanka	
<input checked="" type="checkbox"/> LR Liberia	

Check-boxes reserved for designating States (for the purposes of a national patent) which have become a party to the PCT after issuance of this sheet:

South Africa

.....

.....

.....

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Supplemental Box*If the Supplemental Box is not used, this sheet need not be included in the request.*

1. If, in any of the boxes, the space is insufficient to furnish all the information: in such case write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or, in, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
- (vii) if, in Box No. VI, the earlier application is an APIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement concerning non-prejudicial disclosures or exceptions to lack of novelty" and furnish that statement below.

Continuation of Box No. IV:

SHEPPARD, Berton Scott	WYAND, Jeffrey A.	LARCHER, Carol
MUSKAL, James B.	KORNICZKY, Paul J.	MILLER, Thomas A.
SCHLEMMER, Dennis R.	RUSCHAU, Pamela J.	SKLAR, Steven H.
COONS, Gordon R.	PETERSEN, Steven P.	HUNT, Gregory A.
ROSENQUIST, John E.	GRIFFITH, Christopher T.	HEFNER, M. Daniel
KOZAK, John W.	MUELLER, Wesley O.	MATTHIAS, Brent E.
OSLAKOVIC, Charles S.	JAY, Jeremy M.	JEWIK, Patrick R.
PHELPS, Mark E.	BURGAN, Jeffrey B.	BELUSH, Thomas A.
HARTMANN, H. Michael	THOMPSON, Eley O.	JAROSIK, Gary R.
GAGALA, Bruce M.	JOY, Mark	OSTROFF, Joseph S.
MOTTIER, Charles H.	HOOVER, Allen E.	MAKEEVER, Jeffery J.
KILYK, John, Jr.	AIRAN, David M.	HASAN, Salim A.
GREEN, Robert F.	TOBIAS, Michael H.	SCHODIN, David J.
CONKLIN, John B.	PILLAI, Xavier	AHERN, Paul L.
ZALEWA, James D.	CHANG, Y. Kurt	ANDERSON, Theodore W.
BELZ, John M.	BAYS, Gregory C.	SMITH, Noel I.
HESTERBERG, Brett A.		

all of
 LEYDIG, VOIT & MAYER, LTD.
 Two Prudential Plaza, Suite 4900
 180 North Stetson
 Chicago, Illinois 60601-6780
 US
 (312) 616-5600 Telephone
 (312) 616-5700 Fax

Box No. VI PRIORITY CLAIM Further priority claim indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office for which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 4
description (excluding sequence listing part) : 21
claims : 12
abstract : 1
drawings : 15
sequence listing part of description : _____
total number of sheets: 53

This international application is accompanied by the item(s) marked below:

1. fee calculation sheet
2. separate signed power of attorney
3. copy of general power of attorney; reference number, if any:
4. statement explaining lack of signature
5. priority document(s) identified in Box No. VI as item(s):
6. translation of international application into (language):
7. separate indications concerning deposited microorganisms or other biological material
8. nucleotide and/or amino acid sequence listing in computer readable form
9. other (specify): _____

Figure of the drawings which should accompany the abstract:

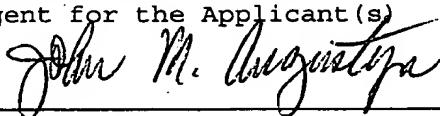
Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

LEYDIG, VOIT & MAYER, LTD.
Agent for the Applicant(s)

By:


John M. Augustyn

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received: <input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT

For receiving Office use only

FEE CALCULATION SHEET

Annex to the Request

International Application No.

Applicant's or agent's
file reference 179025

Date stamp of the receiving Office

Applicant
THE GLAD PRODUCTS COMPANY et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

\$240.00 T

2. SEARCH FEE

\$450.00 S

International Search to be carried out by ISA/US

(If two or more international Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 53 sheets.

first 30 sheets \$455.00 b₁

23 x \$10.00 = \$230.00 b₂

remaining sheets additional amount

Add amounts entered at b₁ and b₂ and enter total at B \$685.00 B

Designation Fees

The international application contains 78 designations.

10 x \$105.00 = \$1,050.00 D

number of designation fees amount of designation fee
payable (maximum 11)

Add amounts at B and D and enter total amount at I \$1,735.00 I

(Applicants from certain states are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT

0 P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

\$2,425.00

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

authorization to charge
deposit account (see below)
 cheque
 postal money order

bank draft
 cash
 revenue stamps

coupons
 other (specify):

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US

is hereby authorized to charge the total fees indicated above to my deposit account.

is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

12-1216

10/06/1999

Deposit Account Number

Date (day/month/year)

John M. Augustyn

Signature